

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number CM05034H
I hereby certify that this correspondence is being facsimile transmitted to the USDPPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Signature _____ Typed or printed name _____	In re Application of	Narayanan VENKITARAMAN et al
	Application Number	10/083,890
	File Date	February 27, 2002
	For METHOD AND APPARATUS FOR PROVIDING IP MOBILITY FOR MOBILE NETWORKS AND DETACHABLE MOBILE NETWORK NODES	
	Art Unit 2616	Examiner Kevin C. Harper
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117, Motorola, Inc. This document is enclosed in duplicate. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. <p style="text-align: center; margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> I am the <input type="checkbox"/> applicant/inventor. _____/Randi L. Karpinia/ Signature <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) _____ Typed or printed name <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>46,148</u> _____ Telephone number <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____ _____ Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/> * Total of <u>1</u> forms are submitted.		

(SB/31 (04-07))